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| FORM PTO-1390 (REV. 12-2004) | | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | | ATTORNEY'S DOCKET NUMBER 1454.1596 |
| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371 | | U.S. APPLICATION NO. (if known) see 37 CFR 1.5 10/524289 | | |
| INTERNATIONAL APPLICATION NO. PCTEP/2003/007738 | INTERNATIONAL FILING DATE 16 July 2003 | | PRIORITY DATE CLAIMED 13 August 2002 | |
| TITLE OF INVENTION METHOD FOR OPERATING A RADIO SYSTEM, EMITTING STATION AND RADIO SYSTEM | | | | |
| APPLICANT(S) FOR DO/EO/US Rüdiger HALFMANN et al. | | | | |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: | | | | |
| <ol style="list-style-type: none"> <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. <input checked="" type="checkbox"/> The US has been elected (Article 31). <input type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). <input type="checkbox"/> has been communicated by the International Bureau. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). <ol style="list-style-type: none"> <input checked="" type="checkbox"/> is attached hereto. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ol style="list-style-type: none"> <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). <input type="checkbox"/> have been communicated by the International Bureau. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. <input type="checkbox"/> have not been made and will not be made. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). | | | | |
| Items 11 to 20 below concern document(s) or information included: | | | | |
| <ol style="list-style-type: none"> <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. <input checked="" type="checkbox"/> A preliminary amendment. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76. <input checked="" type="checkbox"/> A substitute specification. <input type="checkbox"/> A power of attorney and/or change of address letter. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825. <input checked="" type="checkbox"/> A copy of the published international application under 35 U.S.C. 154(d)(4). <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). <input type="checkbox"/> Other items or information: | | | | |

| U.S. APPLICATION NO. (if known) 10/52428 PCTEP/2003/007738 | | INTERNATIONAL APPLICATION NO. 16 July 2003 | | ATTORNEY'S DOCKET NUMBER 1454.1596 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------|--|-----------------|---------------------------------------|--|---|----------|---------------|-----------------|--|----------|--|--|---|----------|--|--|--|--|--|--|--------------|--------------|--|------|-----------|-------|--|----------|--------|--------------|--------------|------|----|--------------|----------|---|-----------|---------|--------------------|---------|---|------------|----|---|--|--|--|-----------|--------------------------------------|--|--|--|-------------------|-------------------|--|--|--|-------------------|---|--|--|--|----|-----------------------------|--|--|--|-------------------|--|--|--|--|-----|------------------------------|--|--|--|-------------------|------------------------|--|--|--|----|-----------------------|--|--|--|----|
| <p>21. <input checked="" type="checkbox"/> The following fees are submitted:</p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> a) Basic National Fee</td> <td>\$300.00</td> <td>APPLICANT USE</td> <td>OFFICE USE ONLY</td> </tr> <tr> <td><input checked="" type="checkbox"/> b) Examination Fee</td> <td>\$200.00</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> c) Search Fee</td> <td>\$500.00</td> <td></td> <td></td> </tr> <tr> <td colspan="2">TOTAL OF ABOVE CALCULATIONS = \$1000.00</td> <td></td> <td></td> </tr> </table> <p><input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each addition 50 sheets of paper or fraction thereof.</p> <table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>* - 100 =</td> <td>*/50=</td> <td></td> <td>X 250.00</td> </tr> </tbody> </table> <p>Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).</p> <table border="1"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> <th>\$</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>21- 20 =</td> <td>1</td> <td>x \$50.00</td> <td>\$50.00</td> </tr> <tr> <td>Independent claims</td> <td>3 - 3 =</td> <td>0</td> <td>X \$200.00</td> <td>\$</td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+\$360.00</td> </tr> <tr> <td colspan="4">TOTAL OF ABOVE CALCULATIONS =</td> <td>\$1,050.00</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.</p> <table border="1"> <thead> <tr> <th colspan="4">SUBTOTAL =</th> <th>\$1,050.00</th> </tr> </thead> <tbody> <tr> <td colspan="4">Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).</td> <td>\$</td> </tr> <tr> <td colspan="4">TOTAL NATIONAL FEE =</td> <td>\$1,050.00</td> </tr> <tr> <td colspan="4">Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</td> <td>+\$</td> </tr> <tr> <td colspan="4">TOTAL FEES ENCLOSED =</td> <td>\$1,050.00</td> </tr> <tr> <td colspan="4">Amount to be refunded:</td> <td>\$</td> </tr> <tr> <td colspan="4">Amount to be charged:</td> <td>\$</td> </tr> </tbody> </table> <p>a. <input checked="" type="checkbox"/> A check in the amount of <u>\$1,050.00</u> to cover the above fees is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>19-3935</u>. A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.</p> <p>SEND ALL CORRESPONDENCE TO: Staas & Halsey LLP 1201 New York Avenue, N.W., Suite 700 Washington, DC 20005</p> <p><i>Richard A. Golthofer</i> SIGNATURE Richard A. Golthofer NAME 31.106 REGISTRATION NUMBER</p> | | | | | | <input checked="" type="checkbox"/> a) Basic National Fee | \$300.00 | APPLICANT USE | OFFICE USE ONLY | <input checked="" type="checkbox"/> b) Examination Fee | \$200.00 | | | <input checked="" type="checkbox"/> c) Search Fee | \$500.00 | | | TOTAL OF ABOVE CALCULATIONS = \$1000.00 | | | | Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Rate | * - 100 = | */50= | | X 250.00 | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ | Total claims | 21- 20 = | 1 | x \$50.00 | \$50.00 | Independent claims | 3 - 3 = | 0 | X \$200.00 | \$ | MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | | +\$360.00 | TOTAL OF ABOVE CALCULATIONS = | | | | \$1,050.00 | SUBTOTAL = | | | | \$1,050.00 | Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)). | | | | \$ | TOTAL NATIONAL FEE = | | | | \$1,050.00 | Fee for recording the enclosed assignment (37 CFR 1.21(h)). 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| <input checked="" type="checkbox"/> a) Basic National Fee | \$300.00 | APPLICANT USE | OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> b) Examination Fee | \$200.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> c) Search Fee | \$500.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF ABOVE CALCULATIONS = \$1000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Rate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * - 100 = | */50= | | X 250.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total claims | 21- 20 = | 1 | x \$50.00 | \$50.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent claims | 3 - 3 = | 0 | X \$200.00 | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | | | +\$360.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SUBTOTAL = | | | | \$1,050.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TOTAL FEES ENCLOSED = | | | | \$1,050.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount to be refunded: | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount to be charged: | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |